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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.

Account Number : 076402003516

Phone Fax Number : (239)514-1000 : (239)514-0377

DISS/TERM/CANCEL/REV OF LP/LLP ARBOR VIEW II, LTD.

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Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$105.00

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Corporate Filing Menu

Help

T. HAMPTON

FRAMINE

CERTIFICATE OF DISSOLUTION FOR

ArDOF VIOW II, LIG. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)		育
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on Dec	n 620.1203, Florida Statutes, this Florida limited and partnership, whose certificate was filed with the	
FTRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)	
Arbor View II, Ltd. is no longer engaged in business.		-
		-
		-
SECOND: A Notice of Disso (Check box if attac		-
THIRD: Effective date, if other than the d	late of filing; Effective December 31, 2010	
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida	ī
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	r the person appointed pursuant to	<u> </u>
Arbor View II, Inc. General	Partner	10 00 00 00 00 00 00 00 00 00 00 00 00 0
By:		NE SE
Gregor Erdman, Fresiden	nt	- 3
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	SI 1.2

\$52.50.

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

. This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.
Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
Arbor View II, Ltd.
Description of information that must be included in a claim:
1. Name and Address of claimant.
2. Reasonable description of the claim.
3. The date the claim arose.
4. Estimated amount of claim.
4. Estimated amount of claim. Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
Arbor View II, Inc.
Attn: Gregory Erdman, President
3401 Pelican Landing Parkway, Suite 2
Bonita Springs, Florida 34134
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.
Signature of a general partner or a principal of the successor entity:
ArborViewil,Inc. Gen'iPartner By:Gregory Erdman
Printed Name Signature
Fee: No charge if included with Certificate of Dissolution. If filed separately,